

Summary of findings for the My Life Self-Determination Model (MLM)

The *My Life Self-determination* Model (MLM) for youth in foster care is adapted from the earlier *TAKE CHARGE* self-determination model, which was developed and field-tested with youth who experienced disabilities (Powers, Turner, Ellison, et al., 2001; Powers, Turner, Matuszewski, et al., 2001). The MLM features youth-directed coaching and near-peer mentoring to increase self-determination and goal achievement. Coaching focuses on relationship development, support during community-based experiential activities to pursue goals, and learning to apply self-determination skills by following a small number of systematic steps for each. Youth are supported to identify and pursue transition goals that they prioritize as most important, and in the context of activities to pursue their goals, they learn and apply key self-determination skills relating to achievement (e.g., decision-making, problem-solving, planning), building allies (e.g., schmoozing, negotiation), and self-regulation (e.g., managing frustration and stress).

The first test of the MLM was a pilot study (N=69) with transition-age youth in foster care and special education. This study tested the model as a 12-month weekly coaching intervention, and showed that at one-year follow-up, the coached group had greater gains in self-determination, quality of life, transition planning, and independent living activities, compared to the control group (Powers, et al., 2012). Self-determination was found to mediate improvement in specific dimensions of quality of life, including individual control, community integration, productivity, and well-being (Powers et al., 2012). The second longitudinal RCT of the model (N=123) evaluated the efficacy of the MLM when delivered over nine months and focused on the secondary and transition outcomes of high school students in foster care and special education. Here analysis showed that compared to the control group, the intervention group had significantly greater gains in self-determination, engagement in educational planning, academic performance, postsecondary preparation, as well as reduced anxiety and depression (Geenen et al., 2013). A paper related to these two studies reported the successful retention strategies used to ensure the inclusion of participants in follow-up data collection (Blakeslee, et al., 2013).

These studies were followed by two large-scale RCTs (combined N=293) of the MLM with transition-age youth with and without disabilities. These studies tested the 12-month coaching model with mentoring workshops led by near-peers with personal foster care histories. Findings from these combined studies are forthcoming, but demonstrate intervention effectiveness in increasing applied self-determination skills and beliefs, self-efficacy, and acquisition of daily life skills (Blakeslee, Powers, Geenen et al., forthcoming). A separate follow-up study with this RCT sample showed reduced criminal justice involvement for the intervention group compared to the control group at two years post-intervention (Blakeslee & Keller, 2018). Additionally, these RCTs resulted in a qualitative analysis of essential My Life coaching ingredients from the perspectives of youth (Powers, et al., 2018). In this study, themes emerged around the centrality of youth self-direction, important processes in the coaching relationship, the essential value of experiential activities and self-determination skill development, and peer mentoring experiences that youth identified as fostering their success.

Next, the MLM was adapted for high schoolers in foster care (N=67) who were interested in postsecondary college or training and who also experienced mental health stressors. This adaptation (called *Better Futures*) was delivered by “near peer” undergraduate college students with shared lived experience in foster care and/or with mental health challenges. This

adaptation focused more specifically on postsecondary education, career exploration, and mental health maintenance, and included a 4-day campus-based “summer institute” led by successful near-peer young adults who had transitioned from foster care (Phillips, et al., 2015). At post-intervention and/or follow-up, young people in the intervention group showed significant gains on measures of self-determination, post-secondary participation and preparation, hope, and mental health empowerment (Geenen, et al. 2015).

Most recently, an adaptation tested the Better Futures approach with young people with foster care experience and mental health stressors who were enrolled in their first two years of college (N=66); this intervention was called FUTURES, and demonstrated effectiveness for increasing self-efficacy and empowerment around career decisions and mental health (forthcoming).

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